FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D



# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPR          | ROVAL          |
|-------------------|----------------|
| OMB Number:       | 3235-0076      |
| Expires:          | April 30, 2008 |
| Estimated average | burden         |
| hours per respons | e 16.00        |
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| DATE   | RECEIVED |  |  |  |  |
|        | 1        |  |  |  |  |

| Name of Offering (□ check if thi              | s is an amendment and nat                   | me has changed, ar   | nd indicate change.) |                          |                                       |            |
|---|---|----------------------|----------------------|--------------------------|---------------------------------------|------------|
| Al 229 WEST 43rd STREET HOLDCO                | , L.L.C. Preferred Units                    | offering             |                      |                          |                                       | <u> </u>   |
| Filing Under (Check box(es) that apply):      | □ Rule 504                                  | ☐ Rule 505           | ■ Rule 506           | ☐ Section 4(6)           | □ULOE                                 | 1718       |
| Type of Filing:  New Filing                   | □Amendment                                  |                      |                      |                          |                                       | A Region   |
|   | A. BA                                       | SIC IDENTIFIC        | CATION DATA          |                          | ,                                     | CLIMED ZOS |
| 1. Enter the information requested abou       | t the issuer                                |                      |                      |                          |                                       | 730        |
| Name of Issuer ( check if this is an amen     | dment and name has chan                     | ged, and indicate c  | hange.)              |                          | · · · · · · · · · · · · · · · · · · · | 2 1.       |
| AI 229 WEST 43rd STREET HOLDCO                | , L.L.C.                                    |                      |                      |                          |                                       | 1. 290min  |
| Address of Executive Offices                  | (Number and Street, Cit                     | y, State, Zip Code)  | )                    | Telephone Numbe          | er (Including Area                    | Code)      |
| 40 Wall Street, 56th Floor, New York, N       | Y 10005                                     |                      |                      | 212-471-3300             |                                       | <u></u>    |
| Address of Principal Business Operations      | (Number and Street, Cit                     | y, State, Zip Code)  | )                    | Telephone Number         | er (Including Area                    | Code)      |
| (if different from Executive Offices)         |   |                      |                      |                          |                                       | 11 1       |
| Brief Description of Business:                |   |                      |                      |                          |                                       | 1 1        |
| Investment and management of interests        | in real estate assets                       |                      |                      |                          |                                       |            |
| Type of Business Organization                 |   |                      |                      |                          |                                       |            |
| ☐ corporation                                 | □limited partnership, al                    | ready formed         | <b>≥</b> oth         | er (please specify): lim | ited liability comp                   | any        |
| ☐ business trust                              | <ul> <li>limited partnership, to</li> </ul> | o be formed          |                      |                          |                                       |            |
|   | N   | Aonth Year           |                      | •                        |                                       |            |
| Actual or Estimated Date of Incorporation     | or Organization:                            | 0 6                  | 0 7                  | ■Actual □Esting          | mated                                 |            |
| Jurisdiction of Incorporation or Organization | on: (Enter two-letter U.S.                  | Postal Service abb   | reviation for State: |                          |                                       |            |
|   | CN for Canada; FN for                       | other foreign jurisd | liction) [D]         | <u>E </u>                |                                       |            |

### GENERAL INSTRUCTIONS

### **Federal**

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

PROCESSED

THON FINE DIT & SM

|  |   | A RASIC IDEN   | TIFICATON DATA                                      |            |   |
|--|---|--|---|------------|---|
| <ul><li>Each beneficial ow</li><li>Each executive off</li></ul>              | he issuer, if the issue<br>mer having the power | ring:<br>r has been organized within the<br>to vote or dispose, or direct the<br>orporate issuers and of corpora | past five years;<br>the vote or disposition of, 10% |            | f equity securities of the issuer; suers; and |
| Check Box(es) that Apply:  | □ Promoter                                      | ☑ Beneficial Owner   | ☐ Executive Officer                                 | □ Director | ■ General and/or  Managing Member             |
| Full Name (Last name first, if   |   |  |   |            |   |
| Al Times Square REIT L Business or Residence Addres 40 Wall Street, 56th Flo | s (Number and Street                            | , City, State, Zip Code)   |   |            |   |
| Check Box(es) that Apply:  | □ Promoter                                      | ☐ Beneficial Owner   | ☐ Executive Officer                                 | □ Director | ☐ General and/or Managing Partner             |
| Full Name (Last name first, if   | individual)                                     |  |   |            |   |
| Business or Residence Address  | is (Number and Street                           | t, City, State, Zip Code)  |   |            |   |
| Check Box(es) that Apply:  | □ Promoter                                      | ☐ Beneficial Owner   | □Executive Officer                                  | ☐ Director | ☐ General and/or Managing Partner             |
| Full Name (Last name first, if   | individual)                                     |  |   |            |   |
| Business or Residence Address  | ss (Number and Street                           | t, City, State, Zip Code)  |   |            |   |
| Check Box(es) that Apply:  | □ Promoter                                      | ☐ Beneficial Owner   | □Executive Officer                                  | ☐ Director | ☐ General and/or<br>Managing Partner          |
| Full Name (Last name first, if   | individual)                                     |  |   |            |   |
| Business or Residence Address  | s (Number and Street                            | t, City, State, Zip Code)  |   |            |   |
| Check Box(es) that Apply:  | □ Promoter                                      | ☐ Beneficial Owner   | ☐ Executive Officer                                 | □Director  | ☐ General and/or<br>Managing Partner          |
| Full Name (Last name first, it   | individual)                                     |  |   |            |   |
| Business or Residence Address  | s (Number and Street                            | t, City, State, Zip Code)  |   |            |   |
| Check Box(es) that Apply:  | ☐ Promoter                                      | ☐ Beneficial Owner   | ☐ Executive Officer                                 | □Director  | ☐ General and/or Managing Partner             |
| Full Name (Last name first, if   | individual)                                     |  |   |            |   |
| Business or Residence Address  | s (Number and Street                            | t, City, State, Zip Code)  |   |            |   |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|                 | ,   |  |   | B. IN  | FORMAT                         | ION ABOU                                | JT OFFERI                    | NG                            |   |   |                          |                   |
|-----------------|---|--|---|--|--------------------------------|---|------------------------------|-------------------------------|---|---|--------------------------|-------------------|
| 1. Ha           | as the issuer s   | sold, or does                                    | the issuer int                                      | end to sell, t<br>Answer also                    | to non-accre<br>in Appendix, C | edited invest<br>Column 2, if fili      | ors in this of               | ffering?                      |   | *************************************** | . Yes □                  | No 🗷              |
|                 | What is the minimum investment that will be accepted from any individual?  Does the offering permit joint ownership of a single unit  Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission |  |   |  |                                |   |                              |                               |   |   | . \$ <u>1,0</u><br>Yes ⊠ | <u>00</u><br>No □ |
| sii<br>is<br>br | nter the informilar remuner<br>an associated<br>oker or deale<br>e information  | ration for so<br>I person or a<br>r. If more the | licitation of p<br>igent of a bro<br>han five (5) p | ourchasers in<br>oker or dealed<br>persons to be | n connectio<br>er registered   | n with sales<br>I with the S            | of securities<br>EC and/or w | in the offer<br>ith a state o | ring. If a per<br>r states, list        | rson to be I<br>the name o              | isted<br>f the           |                   |
| Full Na         | ame (Last nan   | ne first, if in                                  | dividual)   |  |                                |   |                              | •                             |   | •                                       |                          |                   |
| Charle          | s B. Harriso  | ก  |   |  |                                |   |                              |                               |   |   |                          |                   |
| Busine          | ss or Residen   | ce Address (                                     | Number and  | Street, City,                                    | , State, Zip                   | Code)                                   |                              |                               |   |   |                          |                   |
| 1175 P          | eachtree St.,   | N.E., Suite                                      | 2120, Atlant  | a GA 3036  | 1-6206                         |   |                              |                               |   |   |                          |                   |
| Name o          | of Associated   | Broker or D                                      | ealer   |  |                                |   |                              |                               |   | -                                       |                          |                   |
| H & L           | Equities, LL  | .C   |   |  |                                |   |                              |                               |   |   |                          |                   |
|                 | n Which Pers  |  | as Solicited o                                      | r Intends to                                     | Solicit Pur                    | chasers                                 |                              |                               |   |   | <del></del>              |                   |
| (C              | heck "All Sta   | ates" or chec                                    | k individual :                                      | States)  |                                |   |                              |                               | *************************************** |   | 🗆 All S                  | States            |
| [AL]            | [AK]  | [AZ]   | [AR]  | [CA]   | [CO]                           | [CT]                                    | [DE]                         | [DC]                          | [×FL]                                   | [×GA]                                   | [HI]                     | [ID]              |
| [IL]            | [IN]  | [IA]   | [KS]  | [KY]   | [LA]                           | [ME]                                    | [×MD]                        | [MA]                          | [MI]                                    | [MN]                                    | [MS]                     | [MO]              |
| [MT]            | [NE]  | [NV]   | [NH]  | [NJ]   | [NM]                           | [NY]                                    | [NC]                         | [ND]                          | [OH]                                    | [OK]                                    | [OR]                     | [×PA]             |
| [RI]            | [SC]  | [SD]   | [×TN]   | [TX]   | [UT]                           | [VT]                                    | [×VA]                        | [WA]                          | [WV]                                    | [WI]                                    | [WY]                     | [PR]              |
| Full Na         | ame (Last nan   | ne first, if in                                  | dividual)   |  |                                |   |                              |                               |   |   |                          |                   |
|                 | J. Beck   |  | •   |  |                                |   |                              |                               |   |   |                          |                   |
| <u>-</u>        | ss or Residen   | ce Address (                                     | Number and  | Street, City,                                    | State, Zip                     | Code)                                   |                              |                               |   |   |                          |                   |
| 1175 P          | eachtree St.,   | N.E., Suite                                      | 2120, Atlant  | a, GA 3036                                       | 1-6206                         |   |                              |                               |   |   |                          |                   |
|                 | of Associated   |  |   |  |                                | <del></del>                             |                              |                               |   |   |                          |                   |
| H & L           | Equities, LL  | .C   |   |  |                                |   |                              |                               |   |   |                          |                   |
|                 | in Which Pers   |  | as Solicited o                                      | r Intends to                                     | Solicit Pur                    | chasers                                 |                              |                               |   |   |                          |                   |
| (C              | heck "All Sta   | ates" or chec                                    | k individual  | States)  |                                | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                              |                               | *****************                       | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 🗆 All S                  | States            |
| [AL]            | [AK]  | [AZ]   | [AR]  | [CA]   | [CO]                           | [CT]                                    | [DE]                         | [DC]                          | [FL]                                    | [×GA]                                   | [HI]                     | [ID]              |
| [IL]            | [IN]  | [IA]   | [KS]  | [KY]   | [LA]                           | [ME]                                    | [MD]                         | [MA]                          | [MI]                                    | [MN]                                    | [MS]                     | [MO]              |
| [MT]            | [NE]  | [NV]   | [NH]  | [NJ]   | [NM]                           | [NY]                                    | [NC]                         | [ND]                          | [OH]                                    | [OK]                                    | [OR]                     | [PA]              |
| [RI]            | [SC]  | [SD]   | [TN]  | [XTX]  | [UT]                           | [VT]                                    | [VA]                         | [AW]                          | [WV]                                    | [WI]                                    | [WY]                     | [PR]              |
| Full Na         | ame (Last nan   | ne first, if in                                  | dividual)   |  |                                |   |                              |                               |   |   |                          |                   |
| Busine          | ss or Residen   | ce Address (                                     | Number and  | Street, City                                     | , State, Zip                   | Code)                                   |                              |                               | ***                                     |   | <del></del>              |                   |
| Name o          | of Associated   | Broker or D                                      | ealer   |  |                                | ······································  |                              |                               | <del></del>                             |   |                          |                   |
|                 |   |  |   |  |                                |   |                              |                               |   |   |                          |                   |
| States i        | n Which Pers  | son Listed H                                     | as Solicited o                                      | r Intends to                                     | Solicit Pur                    | chasers                                 |                              |                               |   | · ·                                     | •                        |                   |
| (C              | heck "All Sta   | ates" or chec                                    | k individual :                                      | States)  | ,.                             | ,                                       |                              |                               |   |   | 🗆 All S                  | States            |
| [AL]            | [AK]  | [AZ]   | [AR]  | [CA]   | [CO]                           | [CT]                                    | [DE]                         | [DC]                          | [FL]                                    | [GA]                                    | [HI]                     | [ID]              |
| [IL]            | [IN]  | [AI]   | [KS]  | [KY]   | [LA]                           | [ME]                                    | [MD]                         | [MA]                          | [MI]                                    | [MN]                                    | [MS]                     | [MO]              |
| [MT]            | [NE]  | [NV]   | [NH]  | [NJ]   | [NM]                           | [NY]                                    | [NC]                         | [ND]                          | [OH]                                    | [OK]                                    | [OR]                     | [PA]              |
| [RI]            | [SC]  | [SD]   | [TN]  | [TX]   | [UT]                           | [VT]                                    | [VA]                         | [AW]                          | [WV]                                    | [WI]                                    | [WY]                     | [PR]              |

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   |              |                           |                   |                            |
|----|---|--------------|---------------------------|-------------------|----------------------------|
|    | Type of Security  |              | Aggregate<br>Tering Price |                   | Amount Already<br>Sold     |
|    | Debt  | \$           | 0                         | \$_               | 0                          |
|    | Equity  | ¢            | ٥                         | ¢                 | 0                          |
|    | □ Common □ Preferred  | ·p           | <u> </u>                  | Φ                 |                            |
|    | Convertible Securities (including warrants)   | \$           | 0.                        | \$_               | 0                          |
|    | Partnership Interests Other (Specify) LLC INTERESTS Total   | \$ 125       | 00.000                    |                   | 25,000.00<br>25,000.00     |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  | 3 <u>123</u> | ,000.00                   | ⊅ <u>1.</u>       | <u> 43,000.00</u>          |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            |              | Number                    |                   | Aggregate<br>Dollar Amount |
|    | Accredited Investors  |              | Investors<br>125          | <b>\$</b> 1.      | of Purchases<br>25,000.00  |
|    | Non-accredited Investors  |              |                           |                   | <u> </u>                   |
|    | Total (for filings under Rule 504 only)   |              |                           |                   |                            |
|    | Answer also in Appendix, Column 4, if filing under ULOE.  |              | <del> </del>              | . <b></b>         |                            |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.  |              | Type of                   |                   | Dollar Amount              |
|    | Type of offering  |              | Security                  |                   | Sold                       |
|    | Rule 505  |              |                           | \$                |                            |
|    | Regulation A  |              |                           | \$                |                            |
|    | Rule 504  |              | -                         |                   |                            |
|    | Total   |              |                           | . \$              |                            |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |              |                           |                   |                            |
|    | Transfer Agent's Fees   |              |                           | \$_               |                            |
|    | Printing and Engraving Costs  |              |                           | \$_               |                            |
|    | Legal Fees  |              | <b>x</b>                  | \$                | 10,000                     |
|    | Accounting Fees   |              |                           | \$_               |                            |
|    | Engineering Fees.   |              |                           | \$                |                            |
|    | Sales Commissions (specify finders' fees separately)  |              |                           | \$ <u>6</u>       | ,250                       |
|    |   |              |                           | 6.7               | 1.750                      |
|    | Other Expenses (identify) (REIT Funding consulting fee \$18,750 and expense reimbursement - \$3,000)  |              | ×                         | <b>⊅</b> <u>∠</u> | <u>1,750</u>               |

|     | C. OFFERING PR  | CE, NUMBER OF INVESTORS, EXPENSES AND US  | E OF PR    | OCEEDS   |      |                       |
|-----|---|---|------------|--|------|-----------------------|
|     | total expenses furnished in response to Part C-   | ering price given in response to Part C-Question I and Question 4.a. This difference is the "adjusted gross   |            | \$ <u>_8'</u>                                      | 7000 | 1                     |
| 5.  | shown. If the amount for any purpose is not kn  | proceeds to the issuer used or proposed to be used for ea-<br>own, furnish an estimate and check the box to the left of<br>ed gross proceeds to the issuer set forth in response to Par | the estima | ite. The   |      |                       |
|     | above.  |   |            | Payments to<br>Officers, Directors<br>& Affiliates |      | Payments to<br>Others |
|     | Salaries and fees   |   |            | \$   |      | <b>s</b>              |
|     |   |   |            |  |      | \$                    |
|     | Purchasing, rental or leasing and installation  | of machinery and equipment  |            | \$   |      | \$                    |
|     |   | nd facilities   |            |  |      | \$                    |
|     | Acquisition of other businesses (including t offering that may be used in exchange for the issuer pursuant to a merger) |   |            | \$   |      | s                     |
|     | Repayment of indebtedness   |   |            | \$   |      | \$                    |
|     | Working capital   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |            | <b>\$</b>  | ×    | \$ 87000              |
|     | Other (specify):  |   |            | \$   |      | \$                    |
|     |   |   |            | \$   |      | s                     |
|     |   | .,,   |            |  | ×    | \$ <u>87000</u>       |
|     | Total Payments Listed (column totals added  | l)  |            | <b>≥</b> \$ <u>87</u>                              | 000  |                       |
|     | <u> </u>  | D. FEDERAL SIGNATURE  |            |  |      |                       |
| on  |   | he undersigned duly authorized person. If this notice is file U.S. Securities and Exchange Commission, upon written raph (b)(2) of Rule 502.  |            |  |      |                       |
| ۸I  | er (Print or Type) 229 WEST 43rd STREET HOLDCO, L.L.C   | By: AI TIMES SQUARE REIT LIMITED PARTNERSHIP, its managing member   | •          |  |      |                       |
| Sig | nature  | Name and Title of Signer (Print or Type) Rotem Rosen Chief Executive Officer  |            | Date<br>July, 2007                                 |      |                       |
| Sig | nature  | Name and Title of Signer (Print or Type) Ronit Dvir   |            | Date<br>July, 2007                                 |      |                       |

|    | E. STATE SIGNATURE   |     |         |
|----|--|-----|---------|
| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes | No<br>🗷 |
|    | See Appendix, Column 5, for state response.  | ч   | E       |

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) A1 229 WEST 43rd STREET HOLDCO, L.L.C | By: AI TIMES SQUARE REIT LIMITED PARTNERSHIP, its managing member            |                 |
|--|--|-----------------|
| Signature  | Name and Title of Signer (Print or Type) Rotem Rosen Chief Executive Officer | Date July, 2007 |
| Signature  | Name and Title of Signer (Print or Type) Ronit Dvir Authorized Signatory     | Date July, 2007 |

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

| 1     |                     | 2  | 3  Type of security and   | 4                                    |   |  |        |     | 5<br>ation under<br>ULOE |
|-------|---------------------|--|---|--------------------------------------|---|--|--------|-----|--------------------------|
|       | non-ac-<br>investor | to sell to<br>credited<br>s in State<br>-Item 1) | aggregate offering<br>price offered in state<br>(Part C-Item 1) |                                      | (if yes, attach<br>explanation of waiver<br>granted)<br>(Part E-Item 1) |  |        |     |                          |
| State | Yes                 | No   |   | Number of<br>Accredited<br>Investors | Amount  | Number of<br>Non-Accredited<br>Investors | Amount | Yes | No                       |
| AL    |                     |  |   | ,                                    |   |  |        |     |                          |
| AK    |                     | -  |   |                                      |   |  |        | -   |                          |
| AZ    |                     |  |   |                                      |   |  |        |     |                          |
| AR    |                     |  |   |                                      |   |  |        |     |                          |
| CA    |                     |  |   | 1                                    |   |  |        |     |                          |
| СО    |                     |  |   |                                      |   |  |        |     | -                        |
| CT    |                     |  |   |                                      |   |  |        |     |                          |
| DE    |                     |  |   |                                      |   |  |        |     |                          |
| DC    |                     |  |   |                                      |   |  |        |     |                          |
| FL    |                     | X  | Preferred Units   | 12                                   | \$12,000  | 0  | \$0    |     | X                        |
| GA    |                     | X  | Preferred Units   | 93                                   | \$93,000  | 0  | \$0    |     | X                        |
| ні    |                     |  |   |                                      |   |  |        |     |                          |
| ID    |                     |  |   |                                      |   |  |        |     |                          |
| IL    |                     |  |   |                                      |   |  |        |     |                          |
| IN    |                     |  |   |                                      |   |  |        |     |                          |
| IA    |                     |  |   |                                      |   |  |        |     |                          |
| KS    |                     |  |   |                                      |   |  |        |     |                          |
| KY    |                     |  |   |                                      |   |  |        |     |                          |
| LA    |                     |  |   |                                      |   |  |        |     |                          |
| ME    |                     |  |   | · <u></u>                            |   |  |        |     |                          |
| MD    |                     | X  | Preferred Units   | 2                                    | \$2,000   | 0  | \$0    |     | X                        |
| MA    |                     |  |   |                                      |   |  |        |     |                          |
| MI    |                     |  |   |                                      |   |  |        |     |                          |

# APPENDIX

| 1     | Intend<br>non-ac<br>investor | to sell to<br>credited<br>rs in State | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | Disqualific<br>State<br>(if yes<br>explanatio | sation under<br>ULOE<br>, attach<br>n of waiver<br>nted)<br>-Item 1) |        |     |    |
|-------|------------------------------|---------------------------------------|--|--------------------------------------|---|--|--------|-----|----|
| State | Yes                          | No                                    |  | Number of<br>Accredited<br>Investors | Amount  | Number of<br>Non-Accredited<br>Investors                             | Amount | Yes | No |
| MN    |                              |                                       |  |                                      |   |  |        |     |    |
| MS    |                              |                                       |  |                                      |   |  | -      |     |    |
| МО    |                              |                                       |  |                                      |   |  |        |     |    |
| MT    |                              |                                       |  |                                      |   |  |        |     |    |
| NE    |                              |                                       |  |                                      |   |  |        |     |    |
| NV    |                              |                                       |  |                                      |   |  |        |     |    |
| НИ    |                              |                                       |  |                                      |   |  |        |     |    |
| NJ    |                              |                                       |  |                                      |   |  |        |     |    |
| NM    |                              |                                       |  |                                      |   |  |        |     |    |
| NY    |                              |                                       |  | · ·                                  |   |  |        |     |    |
| NC    |                              |                                       |  |                                      |   |  |        |     |    |
| ND    |                              |                                       |  |                                      |   |  |        |     |    |
| ОН    |                              |                                       |  |                                      |   |  |        |     |    |
| ок    |                              |                                       |  |                                      |   |  |        |     |    |
| OR    |                              |                                       |  |                                      |   |  |        |     |    |
| PA    |                              | X                                     | Preferred Units  | 5                                    | \$5,000                                       | 0  | \$0    |     | X  |
| RI    |                              |                                       |  |                                      |   |  |        |     |    |
| sc    |                              |                                       |  |                                      |   |  |        |     |    |
| SD    |                              |                                       |  |                                      |   |  |        |     |    |
| TN    |                              | X                                     | Preferred Units  | 2                                    | \$2,000                                       | 0  | \$0    |     | X  |
| TX    |                              | Х                                     | Preferred Units  | 5                                    | \$5,000                                       | 0  | \$0    |     | X  |
| UT    |                              |                                       |  |                                      |   |  |        |     |    |
| VT    |                              |                                       |  |                                      |   |  |        |     |    |
| VA    |                              | X                                     | Preferred Units  | 6                                    | S6,000  | 0  | S0     |     | X  |

# APPENDIX

| 1     | Intend to sell to<br>non-accredited<br>investors in State<br>(Part B-Item 1) |    | non-accredited price offered in state investors in State (Part C-Item 1) |                                      | Type of investor and amount purchased in State (Part C-Item 2) |  |        |     |    |
|-------|--|----|--|--------------------------------------|--|--|--------|-----|----|
| State | Yes  | No |  | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-Accredited<br>Investors | Amount | Yes | No |
| WA    |  |    |  |                                      |  |  |        |     |    |
| WV    |  |    |  |                                      |  |  |        |     |    |
| WI    |  |    |  |                                      |  |  |        |     |    |
| WY    |  |    |  |                                      |  |  |        |     |    |
| PR    |  |    |  |                                      |  |  |        |     |    |

**END**